



Asthma Control Simplified

WEBINAR INVITATION FOR GENERAL PRACTITIONERS



INTERNATIONAL SPEAKER

Dr. Kenneth R. Chapman

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Professor of Medicine at the
University of Toronto, Canada

Dr. Chapman is Director of the Asthma and Airway Centre of the University Health Network, President of the Canadian Network for Respiratory Care and Director of the Canadian Registry for Alpha-1 Antitrypsin Deficiency. A graduate of the University of Toronto and a former member of the faculty at Case Western Reserve University, he is now a Professor of Medicine at the University of Toronto.

Dr. Chapman is an internationally respected researcher in the field of asthma, COPD and airway diseases; his publications have appeared in the New England Journal of Medicine and the Lancet. The titles of more than 600 publications ranged from "Emergency medical services for outdoor rock music festivals" to "The effect of posture on thoracoabdominal movements during progressive hyperoxic hypercapnia in conscious man". With more than 20,000 citations to his work, Professor Chapman is in the top 1% of cited medical researchers.

He chaired Canada's first Consensus Conference to establish Canadian guidelines for the management of COPD. Professor Chapman was the inaugural holder of the CIHR-GSK Research Chair in Respiratory Health Care Delivery at the University Health Network and was one of five Canadian respiratory physicians awarded Fellowship in the European Society in its Inaugural year.

Wednesday 24th November – 8pm AEDST

LEARNING OBJECTIVES

- How to approach patients with suboptimal asthma control
- Improve understanding of Atecura[®] breezhaler and Enerzair[®] breezhaler for patients with asthma

AGENDA

- 7:30pm Registration
- 8:00pm Welcome and Introduction
- 8:10pm Making it easy for patients with mild to moderate asthma
- 8:40pm How to simplify triple therapy treatment for patients with severe asthma
- 9:05pm Q&A discussion
- 9:15pm Close

Please RSVP by 17th November by
using the QR code or by emailing
meetings.au@cipla.com



SCAN HERE TO RSVP

See approved Product Information before prescribing. Full Product Information is available at
http://www.novartis.com.au/products_healthcare.html

PBS Information: Authority required. For the treatment of severe asthma in patients aged 18 years or older. Refer to PBS Schedule for full Authority Information.

ENERZAIR® BREEZHALER® (indacaterol, glycopyrronium and mometasone furoate). **Presentation:** Inhalation powder hard capsules delivering indacaterol 114 µg, glycopyrronium 46 µg and mometasone furoate 68 or 136 µg respectively. **Indication:** Maintenance treatment of asthma in adult patients ≥18 years not adequately controlled with a maintenance combination of a ICS/LABA with one or more exacerbations in the previous year. **Dosage and administration: Adult patients:** Inhalation of the content of one capsule of Enerzair Breezhaler 114/46/68 µg or 114/46/136 µg once-daily is the recommended dose. The maximum recommended dose is Enerzair Breezhaler 114/46/136 µg once daily. Patients should be prescribed Enerzair Breezhaler containing the appropriate dosage of mometasone furoate for the severity of their disease. **Paediatric patients (below 18 years):** Not recommended in patients under 18 years of age. **Special populations: Renal impairment:** No dose adjustment in patients with mild to moderate renal impairment. Should be used only if the expected benefit outweighs the potential risk in patients with severe renal impairment or end-stage renal disease requiring dialysis. **Hepatic impairment:** No dose adjustment in patients with mild and moderate hepatic impairment. No data are available for patients with severe hepatic impairment, should be used in these patients only if the expected benefit outweighs the potential risk. **Geriatric patients (65 years of age and older):** No dose adjustment. **Contraindications:** Hypersensitivity to any of the active substances or excipients. **Precautions:** Not indicated for the treatment of acute asthma including acute bronchospasm, for which a short acting bronchodilator should be used. If hypersensitivity or paradoxical bronchospasm occurs treatment should be discontinued immediately. Caution in patients with cardiovascular disorders (coronary artery disease, acute myocardial infarction, cardiac arrhythmias, hypertension, known or suspected prolongation of the QT interval), convulsive disorders, thyrotoxicosis, patients who are unusually responsive to beta₂-adrenergic agonists, narrow-angle glaucoma, urinary retention, severe renal or hepatic impairment, pulmonary tuberculosis, chronic or untreated infections. Caution for hypokalemia, hyperglycemia. **Pregnancy:** (Category B3). **Interactions:** Beta-adrenergic blockers, products affecting the QTc interval, monoamine oxidase inhibitors, tricyclic antidepressants, methylxanthine derivatives, steroids, non-potassium sparing diuretics, and other LAMAs and LABAs. **Adverse effects: Common (≥1% to <10%) and potentially serious:** hypersensitivity. **Common (≥1% to <10%):** candidiasis, urinary tract infection, headache, tachycardia, oropharyngeal pain, cough, dysphonia, gastroenteritis, dry mouth, rash, musculoskeletal pain, muscle spasms, pyrexia. **Uncommon (≥0.1% to <1%):** hyperglycaemia, pruritus, dysuria. **Dosage and administration:** Inhalation of the content of one capsule of Enerzair Breezhaler 114/46/68 µg or 114/46/136 µg once-daily. The maximum recommended dose is 114/46/136 µg once daily. Patients should be prescribed Enerzair Breezhaler containing the appropriate dosage of mometasone furoate for the severity of their disease. (ene091020m)

Abbreviations: ICS, inhaled corticosteroid; LABA, long-acting beta₂-agonist; LAMA, long-acting muscarinic receptor antagonist; FEV₁, forced expiratory volume in 1 second; µg, microgram.



PBS Information: Authority Required (STREAMLINED). Treatment of asthma in patients over 12 years of age. Refer to PBS Schedule for full Authority Information.

ATECTURA® BREEZHALER® (indacaterol and mometasone) **Presentation:** Inhalation powder hard capsules delivering indacaterol 125 micrograms and mometasone furoate 62.5 or 127.5 or 260 micrograms respectively. **Indication:** Ateectura Breezhaler is indicated as a once-daily maintenance treatment of asthma in adults and adolescents 12 years of age and older where use of a combination of long-acting beta₂-agonist and inhaled corticosteroid is appropriate:- patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting beta₂-agonists or- patients not adequately controlled with long-acting beta₂-agonists and low dose of inhaled corticosteroids and "as needed" inhaled short-acting beta₂-agonists. **Dosage and administration:** Adults and adolescent age 12 years and above: Inhalation of the content of one capsule of Ateectura Breezhaler 125/62.5 micrograms once daily is recommended in patients who require a combination of a long-acting beta₂-agonist and a low dose of inhaled corticosteroid. Inhalation of the content of one capsule of Ateectura Breezhaler 125/127.5 micrograms or 125/260 micrograms once-daily is recommended in patients who require a combination of a long-acting beta₂-agonist and a medium or high dose of inhaled corticosteroid. Patients should be informed that regular daily usage is necessary to maintain control of asthma symptoms and that use should be continued even when asymptomatic. The maximum recommended dose is Ateectura Breezhaler 125/260 micrograms once daily. **Special populations: Renal impairment:** No dose adjustment. **Hepatic impairment:** No dose adjustment in patients with mild and moderate hepatic impairment. No data is available for subjects with severe hepatic impairment, should be used in these patients only if the expected benefit outweighs the potential risk. **Geriatric patients (65 years of age and older):** No dose adjustment. **Contraindications:** Hypersensitivity to any of the active substances or excipients. **Warnings and Precautions: Acute asthma:** Should not be used to treat acute asthma including acute bronchospasm. A short acting bronchodilator should be used. **Hypersensitivity:** If hypersensitivity reaction occurs, Ateectura Breezhaler should be discontinued immediately and alternative therapy instituted. **Paradoxical bronchospasm:** As with other inhalation therapy, administration may result in paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs, Ateectura Breezhaler should be discontinued immediately and alternative therapy instituted. **Cardiovascular effects:** Like other medicinal products containing beta₂-adrenergic agonists, may produce a clinically significant cardiovascular effect in some patients as measured by increases in pulse rate, blood pressure, and/or symptoms, ECG changes. Should be used with caution in patients with cardiovascular disorders (coronary artery disease, acute myocardial infarction, cardiac arrhythmias, hypertension), convulsive disorders, thyrotoxicosis, or in patients who are unusually responsive to beta₂-adrenergic agonists. **Hypokalemia:** Beta₂-adrenergic agonists may produce significant hypokalemia in some patients, which has the potential to produce adverse cardiovascular effects. In patients with severe condition, hypokalemia may be potentiated by hypoxia and concomitant treatment which may increase the susceptibility to cardiac arrhythmias. **Hyperglycemia:** Inhalation of high dose of beta₂-adrenergic agonist may produce increase in plasma glucose. Upon initiation of treatment with Ateectura Breezhaler, plasma glucose should be monitored more closely in diabetic patients. **Systemic effects of corticosteroids:** Systemic effects of inhaled corticosteroids may occur, particularly at high doses prescribed for prolonged periods. **Pregnancy (Category B3):** Should only be used if the expected benefit to the patient justifies the potential risk to the foetus. **Lactation:** The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Ateectura Breezhaler and any potential adverse effects on the breast-fed child from Ateectura Breezhaler or from the underlying maternal condition. Labor and delivery: Like other medicinal products containing beta₂-adrenergic agonist, indacaterol may inhibit labor due to a relaxant effect on uterine smooth muscle. **Interactions:** Beta-adrenergic blockers: Should not be given together with beta-adrenergic blockers (including eye drops) unless there are compelling reasons for their use. Medicinal products prolong QTc interval: Should be administered with caution to patients being treated with monoamine oxidase inhibitors, tricyclic antidepressants, or drugs known to prolong the QT-interval. Hypokalemic treatment: Concomitant treatment with methylxanthine derivatives, steroids, or non-potassium sparing diuretics may potentiate the possible hypokalemic effect of beta₂-adrenergic agonists. CYP3A4 and P-gp has no impact on the safety of therapeutic doses of Ateectura Breezhaler. Other long acting beta₂-adrenergic agonists: Co-administration with other medicinal products containing long-acting beta₂-adrenergic agonists is not recommended. **Adverse effects: Common (≥1 to <10%) and potentially serious: hypersensitivity. Uncommon (≥0.1 to <1%) and potentially serious:** angioedema. **Common (≥1 to <10%):** headache, oropharyngeal pain, dysphonia, musculoskeletal pain. **Uncommon (≥0.1 to <1%):** candidiasis, hyperglycaemia, tachycardia, rash, pruritus, muscle spasms. (ate210720m)



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Note: In line with the Medicines Australia Code of Conduct, this event is for Australian HCPs only.

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